

Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



1 File Number U - 9416

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

11 / 1 / 2004 Through 112 / 31 / 2004

3 Name and address of person filing		4 Name, file number, and address of labor organization	
Name LESLIE	M DAVIDSON	Name PLUMBERS PIPEFITTERS LU 430	
		Labor Organization File Number 540 908	
PO Box, Bldg , Room No , if any		P O Box, Building and Room Number, if any	
Street 110106 EAST 9	01 CIRCLE NORTH	Street 2908 NORTH HARVARDTULSA	
City OWASSO		City TULSA	
State Oklahoma	ZIP Code + 4 '74055	State Oklahoma ZIP Code + 4 74115-2404	
5 Position in labor organiza	AGENT/ORGANIZER		
Cutes announced data below 16 divides the most final year way arrange as along whild directly as indirectly had any of the fallendar interests.			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)			
A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Em	ployer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income	
Name	· · · · · · · · · · · · · · · · · · ·	-	
Trade Name, if any			
PO Box, Bldg , Room No	, if any	-	
Street		7 b Amount	
City			
State	ZIP Code + 4	1	
Signature			
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed hashing	120	On 7/18/2005 918-836-0430 XT 15	
- may		Date Telephone Number	

Name of Person Filing LESLIE DAVIDSON	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name PLUMBERS PIPEFITTERS LU 430 HEALTHWELFARE FU	<b>~</b>		
Trade Name, if any	X a Labor Organization		
PO Box, Bidg , Room No , if any	i b Trust		
Street 2908 NORTH HARVARD	c Employer		
City 'TULSA			
State Oklahoma ZIP Code + 4 74115-2404			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	UNION NEGOTIATES CONTRACTS AND AGREEMENTS REQUIRING CONTRIBUTIONS TOO HEALTH WELFARE FUNDS WITH SIGNATORY CONTRACTORS		
Trade Name, if any			
P O Box, Bldg , Room No , if any	i i		
Street			
City	11 b Approximate dollar value of such dealing Unknown  12 a Nature of interest held or income received		
State ZIP Code + 4	TRAINING CONFERENCE NEW ORLEANS, LA DECEMBER 1- DECEMBER 4,2004 FOR TRUSTEES CONFERENCE REGISTRATION 915 00,AIRFARE 228.00, HOTEL 401.00,CAR RENTAL 89.00		
L	12 b Amount. \$1,663		
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any	•		
P O Box, Bidg , Room No , if any			
Street	i		
City	:		

14 b Amount of payment

13 b Is the Business an Employer

or Consultant